Revision: HCFA-Region VI

MAY 1994

ATTACHMENT 3.1-B Page 8

OKLAHOMA STATE

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): All Groups

Respiratory care so through (C) of the A	ervices (in accordance	with Section 1902(e)(9)(A
☐ Provided	☐ No Limitations	☐ With Limitations*
X Not Provided		
	STATE DATE REC'D	(4)nna 7-9-9-1
	DATE APPV'D DATE EFF HCFA 179	7-1-94
	through (C) of the A	Not Provided STATE DATE REC'D DATE APPVID DATE EFF

*Description provided on attachment.

Revised 07-01-94

Approval Date 10/16/94 Effective Date 1

ATTACHMENT 3.1-B Revision: HCFA - Region VI Page 9 October 1991 OKLAHOMA State/Territory: AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY MEEDY GROUP(S): Any other medical care and any other type of remedial care recognized 24. under State law, specified by the Secretary. a. Transportation. // No limitations /X/ With limitations* Provided: b. Services of Christian Science nurses. // Provided: // No limitations // With limitations* c. Care and services provided in Christian Science sanitoria. // Provided: // No limitations // With limitations* d. Nursing . facility services provided for patients under 21 years Provided: // No limitations // With limitations* e. Emergency hospital services. // Provided: // No limitations // With limitations* f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse. Provided: No limitations // With limitations* g. Birthing Center Services /X/ Provided: // No limitations <u>/X7</u> DATE REC'D.

*Description provided on attachment

Revised 10-11-93

Approval Date

Effective Date

HCFA 179

TH No. 72 AC Supersected 2-13

S	state:	OKLAHOMA					
AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUPS:							
26.		gram of All-Inclusive Care for the Elderly (PACE) services, as described and ited in Supplement 3 to Attachment 3.1-A.					

provided X not provided

STATE O Welgone

DATE REC D. 8-36-98

DATE APPLY D. 10-30-98

A DATE LIF. 2-1-98

HOFA 179. 98-12

07-01-98

TN# 98-12

Approval Date 10.20-94

Effective Date 2-1-98

SUPERSEDES: NONE NEW PAGE

Corrected

Attachment 3.1-B

Page 2a-1

Revision:

HCFA-PM-86-20 (BERC) September 1986

State OKLAHOMA

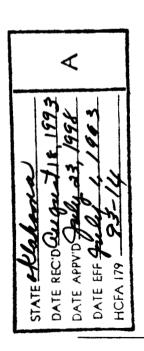
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): All Groups

1. <u>Inpatient hospital services other than those provided in an institution</u> for mental diseases.

Payment is made for compensable inpatient medical and surgical services to those hospitals which have a contract with this Department. General acute care inpatient hospital services are limited to 12 days per individual per State fiscal year.

See 4.b., EPSDT

Medical necessity for hospital services is subject to review by the contracted peer review organization and determination that a period of hospitalization is not medically necessary will result in a non-compensable service.



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TN# 93-14 Supersedes TN# 92-2 Approval Date 7/23-91 Effective Date 7-1-93

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September 1986

Attachment 3.1-B Page 2a-2

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED-MEDICALLY NEEDY GROUP(S): **All Groups**

2.a. Outpatient hospital services:

Emergency Room Services - Covered emergency room services are limited to emergency medical conditions. Emergency medical condition means a medical condition including injury manifesting itself by acute symptoms or sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected, by a reasonable and prudent layperson, to result in placing the patient's health in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part. Payment is limited to \$28.00 for the emergency room. When it is necessary that diagnostic x-ray studies and laboratory studies be made, payment is made at the current allowable under the appropriate CPT code. An assessment fee is paid for emergency room services which do not meet the criteria for emergency medical condition.

Dialysis

Therapeutic radiology or chemotherapy for proven malignancy. Therapeutic radiology or chemotherapy for the treatment of opportunistic infections. Payment is based on reasonable charge.

Outpatient hospital services, not specifically addressed, are covered when prior authorized.

Outpatient surgical services - Facility payments for selected surgical procedures on an outpatient basis will be made to hospitals which have a contract with the Agency.

Outpatient Behavioral Health Services - Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized treatment plan; developed to treat the identified mental health and/or substance abuse disorder(s). All services are to be for the goal of improvement of functioning, independence, or well being of the client. The client must be able to actively participate in the treatment. Active participation means that the client must have sufficient cognitive abilities, communication skills, and short-term memory to derive a reasonable benefit from the treatment. assessment must include a DSM IV multi axial diagnosis completed for all five axis. All services will be subject to medical necessity criteria. For DMHSAS contracted and private facilities, an agent designated by the Oklahoma Health Care Authority (OHCA) will apply the medical necessity criteria. For Public facilities (Regionally based CMHCS), the medical necessity criteria will be self-administered. Non authorized services will not be Medicaid compensable with the exception of six units of individual counseling, two units of family counseling, and one unit of treatment plan development per Medicaid recipient per calendar year, one unit of medical review per month, crisis intervention and community based structured emergency care. Payment is made for Rehabilitative Treatment services for children. Children receiving Residential Behavioral Management Services in a Foster or Group Home are eligible for Outpatient Behavioral Health Services only if prior authorized by the OHCA or its designated agent. (See Out-Patient Behavioral Health Services. Attachment 3.1-A, Page 1a-2.2 through Page 1a-2.12 for amount, duration and scope.)

Ottohama 12-30-99 3-14-00 Revised 12-01-99 Effective Date 2 -1-99

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SEPTEMBER 1986

State OKLAHOMA

Attachment 3.1-B Page 2a-3

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY	NEEDY	GROUP(S):	All Groups

2.b. Rural Health clinic services and other ambulatory services furnished by a rural health clinic.

> Within limits of other providers for same services and limited to services specified in certification.

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TN# 8620 Supercedes TN# 85Approval Date 1 1 1987 Effective Date

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September 1986

Attachment 3.1-B

Page 2a-4

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): All Groups

3. Other Laboratory and X-ray Services

Medically necessary outpatient diagnostic x-rays and laboratory work.

12-30-99 3-14-00 12-1-99 79-23

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September 1986

Attachment 3.1-B Page 2a-5

- State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): All Groups

4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found

Early and Periodic Screening, Diagnosis and Treatment Services for each eligible individual under 21 years of age include payment for:

- (1) Child Health Screening Examinations by a licensed medical or osteopathic physician. Scheduled screenings include: Six screenings by the first year of life; two screenings in the second year; one screening yearly for ages 2 through 5 years; and one screening every other year for ages 6 through 20 years.
- (2) Diagnostic x-rays, lab, and/or injections when prescribed by a physician.
- (3) Outpatient care for medically necessary ancillary services.
- (4) Dental services include: inpatient services in an eligible participating hospital; two outpatient dental screenings; one set of bite wing x-rays; two oral prophylaxis and two topical fluoride treatments each twelve months; emergency services for relief of pain and/or acute infection; limited restoration, repair and/or replacement of dental defects; other dental services require a prior authorization.
 - Optometrists' services visual screening or visual analysis and glasses.
- (6) Hearing aid evaluation and purchase of a hearing aid when prescribed as a result of the hearing aid evaluation.
- (7) Medication Medically necessary prescriptions not covered by the Vendor Drug Program.
 - Psychological services Services of licensed psychologists may be compensable if provided in provider's office, patient's home or hospital where this service is not a part of the per diem reimbursable cost of the facility.

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TN# 98-24 Supersedes TN# 98-11

(5)

(8)

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DATE

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): All Groups

4.b. EPSDT (continued)

- (9) Transportation provided when necessary in connection with examination or treatment when not otherwise available as authorized.
- (10) Medical supplies, equipment, appliances and prosthetic devices not otherwise available to Medicaid recipients in the state under the State Plan are available when preauthorized.
- (11) General acute care inpatient hospital services are limited to 12 days for adults (per fiscal year July 1 through June 30). Under EPSDT, inpatient hospital services for persons under the age of 21 are unlimited. All psychiatric admissions for children require prior authorization for approved length of stay.
- (12) EPSDT services furnished in a qualified child health center which includes the following:
 - (A.) Child Health Screening Examination: An initial screening may be requested by an eligible individual at any time and must be provided without regard to whether the individual's age coincides with the established periodicity schedule. The perodicity schedule recommended by the American Academy of Pediatrics has been adopted for use by the State and can be found on Attachment 3.1-B, Page 2a-8g. Interperiodic screens necessary to make a determination that an illness or a condition is (or might be) present will be provided to EPSDT recipients as medically necessary and billed as an appropriate encounter. The initial and all periodic health screening examination must include all of the following components to becompensable.
 - 1. **Comprehensive Health and Development History.** This information may be obtained from the parent or other responsible adult who is familiar with the child's history and include an assessment of both physical and mental health development. Coupled with the physical examination, this includes:

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Attachment 3.1-B Page 2a-7

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): All Groups

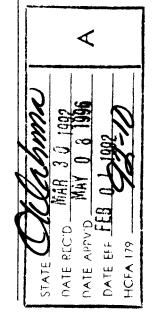
4.b. EPSDT (12) (continued)

2. Developmental Assessment. This includes a range of activities to determine whether an individual's developmental processes fall within a normal range of achievement according to age group and cultural background. Acquire information on the child's usual functioning as reported by the child, teacher, health professional or other familiar person. Review developmental progress as a component of overall health and well-being given the child's age and culture. As appropriate, assess the following elements:

Gross and fine motor development
Communication skills, language and speech
development
Self-help, self-care skills
Social-emotional development
Cognitive skills
Visual-motor skills
Learning disabilities
Psychological/psychiatric problems
Peer relations
Vocational skills

3. Assessment of Nutritional Status. Nutritional assessment may include preventive treatment and follow-up services including dietary counseling and nutrition education if appropriate. This is accomplished in the basic examination through:

Questions about dietary practices
Complete physical examination, including an
oral dental examination
Height and weight measurements
Laboratory test for iron deficiency
Serum cholesterol screening, if feasible and
appropriate



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